

## **Birth Certificate Application**

Complete this form to order a certified copy of a Minnesota birth certificate.

You are required to provide the information requested on this form and pay the required fees to obtain a birth certificate. If we cannot locate the record with the information you provide, we will send you a certified "Statement of No Birth Record Found". It is unlawful to provide false information to get a birth certificate. You may be subject to fines, jail time or both.

Minnesota Statutes, section 144,227 and section 609.02, subdivisions 3 and 4.

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Child/Subject	Child/subject first name		Child/subject middle name		Ch	Child/subject last name		Name suffix State of birth
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ıts	Parent one first name	Parent one middle name		Parent one last name		Last name	Last name before 1st marriage	
Parents	Parent two first name Parent		two middle name	Parent two last name		Last name	before 1 <sup>st</sup> marriage	Name suffix
	Requester - person completi	ing this a	pplication		and the second s	Minnes	ota Rules, part 4601.2	600, subpart 3
	Requester full name				Date of birth (MM/DD/YYYY) Daytime phone (XXX-XXX-XXX			
Requester	Requester mailing address – street (United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.)				Apt/Unit #	Email	2,5 - 2199 -17	a
Re					City		State	ZIP
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## **Birth Certificate Application**

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	Medicine County						
Propert	y & Public Services Services Division						
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